



## ■ **Optometrist Volunteer License Now Available**

Volunteer licenses have been available since 2006 for retired dentists, medical doctors, osteopathic physicians and podiatrists.

With the passage of House Bill 4893 (Public Act 4 of 2012), a volunteer license is now available for retired optometrists. It allows retired optometrists to provide eye care services to Michigan residents who are uninsured, under-insured or who may reside in parts of the state where access to eye care may not be readily available.

While there is no fee when applying for the volunteer optometrist license, the optional controlled substance license fee for optometrists is \$150.



Retired optometrists can download the volunteer license application packet by going to the Bureau of Health Professions website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense), clicking on the Licensing for Health Professionals button on the left-hand side of the page and then choosing Optometry from the drop-down menu at the top of the page. The volunteer license application packet can be found in the Optometry Licensing Forms and Applications section.

Questions regarding the Optometry volunteer license can be directed to the Bureau of Health Professions at (517) 335-0918 or email us at [bhpinfo@michigan.gov](mailto:bhpinfo@michigan.gov).

## ■ **Reminder: Licenses and Registrations Must Be Renewed Online**

Licenses and registrations must be renewed by going online to the e-License website at [www.michigan.gov/elicense](http://www.michigan.gov/elicense). A renewal notice will still be mailed to your address of record approximately 60 days prior to the expiration date of your license or registration that will include information about how to renew your license online. The online renewal website is available 24/7 and payment can be made by either a Visa or MasterCard credit card or by e-check. If an individual holds a professional license and a controlled substance license, both licenses can be renewed online but it is a separate online renewal process for each license.

To avoid paying a late fee, you must renew your license online on or before the date it expires. You can still renew online if you are within the 60-day grace period after your license expires but you will be required to pay the renewal fee plus a \$20 late fee. If your license expired more than 60 days ago, you must apply for relicensure. Regardless of whether or not you receive a renewal notice, it is your responsibility under Section 333.16201(1) of the Public Health Code to renew your license or registration prior to the expiration date.

If you experience problems with the online renewal process, please contact the Bureau of Health Professions at (517) 335-0918 or email us at [bhpinfo@michigan.gov](mailto:bhpinfo@michigan.gov).

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# HealthLink

## ■ An Overview of the Disciplinary Process for Licensed/Registered Health Professionals

An allegation is the first step in a possible disciplinary action against a licensee or registrant. An allegation alleges that a violation of the Public Health Code has occurred and is submitted to the Bureau of Health Professions (BHP) from a wide array of complainants, i.e., a patient or patient's family member, a hospital or health facility, another licensed or registered health professional, law enforcement, etc. Upon receipt of an allegation, it is reviewed by BHP staff to determine whether a violation of the Public Health Code has occurred. If the allegation is within our jurisdiction, it is reviewed by one of the board members to determine if there should be an investigation authorized. An allegation may be authorized for investigation or closed with no further action. If it is determined that no violation of the Public Health Code has occurred, the file will be closed and the complainant will be notified in writing of this decision.

If it is determined that a violation of the Public Health Code has occurred, an investigation is authorized. The BHP investigative staff will generally: 1) interview the person filing the allegation; 2) interview the licensed or registered health professional; 3) identify and interview other individuals (such as coworkers or employers) who may be able to provide additional information; and 4) collect any other evidence that is needed for the case. Once the investigation has been completed, the investigator will make a recommendation based on his/her findings which can include: 1) the file be closed if their investigation failed to substantiate the allegation; 2) refer the case for expert review to determine if the conduct as alleged was below the minimal standards for the profession; or 3) recommend that the file be transferred for drafting of an administrative complaint (BHP's formal charging document). If the file is recommended for closure and the department supports this recommendation, the complainant will be notified in writing of this decision.

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### WHAT YOU NEED TO KNOW

#### Question & Answer Corner



**As a Michigan licensed or registered health professional, may I continue treating patients who have permanently moved to another state?**

**No.** You may not continue treating a patient who has permanently moved to another state unless you also hold a license or registration in that other state.

An example would be a patient who has moved out of state but wishes to continue treatment with his/her professional counselor who still resides in Michigan. While technology has made such an arrangement more feasible than ever, a Michigan health professional licensee or registrant may not treat a patient who has moved to another state unless he/she also holds a license in that other state.

Please note this would not apply to Michigan residents who temporarily reside in another state for several months each calendar year.

### CONTACTING BHP

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**Website:** [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)

*HealthLink* is a biannual publication of the Department of Licensing and Regulatory Affairs (LARA) — Bureau of Health Professions. Statements and opinions appearing in this newsletter are not necessarily those of the Bureau of Health Professions.

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## ■ **Administrative Rules Update**

**Dentistry:** Administrative rules are being drafted to implement legislation requiring dentists, with certain exceptions, who discharge dental amalgam to install amalgam separators. The draft rules and regulatory impact statement were sent to the Office of Regulatory Reinvention on April 17, 2012.

**Dietetics and Nutrition:** Administrative rules are being created to implement the licensing program for dietitians and nutritionists in accordance with Public Act 333 of 2006.

**Massage Therapy:** Administrative rules are being created to implement the licensing program for massage therapists in accordance with Public Act 471 of 2008. A public hearing on the draft rules was held on March 5, 2012.

**Medicine:** In accordance with the purpose of Public Act 210 of 2011, administrative rules will be amended to eliminate the restrictions that limit by rule a physician's ability to delegate the prescription of Schedule 2 controlled substances to a physician's assistant. The proposed revisions will also clarify that supervising physicians have to establish a written authorization (every two years instead of annually) for all medical care services they choose to delegate to a physician's assistant, including the prescription of controlled substances.

**Nursing:** Administrative rules will be drafted to update the Board of Nursing's general rules.

**Nursing Home Administrators:** Administrative rules are being amended that will establish a phase-in period that will result in all future applicants for licensure having to possess a bachelor's degree in the future in order to become licensed as a nursing home administrator.

**Occupational Therapy:** Administrative rules are being amended to remove references to "registration" and include appropriate references to "licensure," as licensure is now required. Other general updates are also being made.

**Osteopathic Medicine and Surgery:** In accordance with the purpose of Public Act 210 of 2011, administrative rules will be amended to eliminate the restrictions that limit by rule an osteopathic physician's ability to delegate the prescription of Schedule 2 controlled substances to a physician's assistant. The proposed revisions will also clarify that supervising physicians have to establish a written authorization (every two years instead of annually) for all medical care services they choose to delegate to a physician's assistant, including the prescription of controlled substances.

**Pharmacy:** Administrative rules will be drafted to update the general rules and rules for controlled substances. Rules will also be drafted to implement animal sedation and euthanasia by animal control and animal protection shelters.

**Physical Therapy:** Administrative rules will be drafted to establish professional development requirements for physical therapists and physical therapist assistants, as required by MCL 333.17823.

**Physician's Assistants:** Administrative rules are being amended to update general provisions and adopted educational program standards, as well as implement new rules for the supervision and delegation of tasks in accordance with amended legislation.

**Podiatry:** Administrative rules will be drafted to provide general updates and clarification of requirements for continuing education.

**Psychology:** Administrative rules are being drafted to establish requirements for continuing education as permitted by MCL 333.18233.

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If the file is recommended for expert review, an appropriate expert reviewer will be identified who typically has the same or similar education, training and experience as the licensee or registrant who is being investigated. If the expert determines the alleged conduct was below minimal standards for the profession, an administrative complaint will be drafted. If the expert determines the conduct was within the minimal standards for the profession, the file will likely be closed and the complainant will be notified in writing of the decision.

If the State determines that evidence exists showing a violation of the Public Health Code has occurred, a formal administrative complaint outlining the alleged violation(s) will be issued against the licensee or registrant. Once the administrative complaint is served, the licensee/registrant has 30 days in which to respond in writing or the matter will result in automatic sanctions.

If the State believes there is an imminent threat to the public's health, safety or welfare, a license or registration can be summarily suspended provided the appropriate board's chairperson authorizes the summary suspension. If a summary suspension is issued against a licensee or registrant, they cannot practice their profession until the matter is resolved through the administrative hearing process.

Once an administrative complaint has been issued and the licensee or registrant responds, a compliance conference is scheduled. The compliance conference provides an opportunity for the licensee/registrant to negotiate a settlement that is agreeable to both the licensee/registrant and BHP prior to having the matter proceed to an administrative hearing. If a proposed settlement is reached, it will be forwarded to the disciplinary subcommittee (DSC). The proposed settlement agreement may include: 1) a monetary fine; 2) a period of probation; 3) a reprimand; 4) restricting the licensee's/registrant's practice; 5) issuing a condition for continued licensing or registration such as additional education, community service, etc.; 6) suspending or revoking the individual's license or registration to practice in Michigan; and 7) dismissing the complaint against the licensee or registrant.

The DSC must approve any settlement before it can be considered legal and binding. If the DSC approves the proposed settlement, the licensee/registrant is bound by the terms that were negotiated and the file is closed. If the DSC rejects the proposed settlement they may propose a

counteroffer for the parties to consider. If the counteroffer is acceptable to the licensee/registrant, the order will become binding. If the counteroffer is rejected by the licensee/registrant or if no settlement is reached at the compliance conference, the matter will proceed to an administrative hearing.

An administrative hearing is similar to proceedings involving criminal or civil actions except that the administrative law judge acts as both judge and jury. During the proceeding, witnesses for both parties are called to testify, evidence is presented and legal procedural issues are addressed. An assistant attorney general represents the State and the licensee/registrant has the right to seek and be represented by legal counsel, at their expense.

After the hearing is concluded, the administrative law judge will issue a Proposal for Decision that addresses the findings of fact and conclusions of law involved in the case and the administrative law judge's determination as to whether or not a violation of the Public Health Code was proven. This Proposal for Decision is then presented to the appropriate DSC for their review and determination. The DSC will consider the Proposal for Decision at their next regularly scheduled meeting. Under state law, the DSC has the authority to accept the administrative law judge's decision and issue sanctions if violations are substantiated. Alternatively, they can dismiss the administrative complaint if the State was unable to prove the allegations made in the administrative complaint. The DSC also has the option of reversing the administrative law judge and rendering their own findings of fact and conclusions of law if they disagree with the administrative law judge's decision.

Further information regarding how to file an allegation and the disciplinary process itself can be found on the BHP website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) by clicking on Complaints on the left-hand side of the page.

# HealthLink

## ■ **Michigan Automated Prescription System (MAPS) News**



The Michigan Automated Prescription System (MAPS) is the prescription monitoring program for the State of Michigan. Prescription monitoring programs are used to identify and prevent drug diversion at the prescriber, pharmacy and patient levels by collecting Schedule 2-5 controlled substances prescriptions dispensed by pharmacies and practitioners. Collection of this prescription information allows physicians, dentists, pharmacists, nurse practitioners, physician's assistants, podiatrists and veterinarians to query this data for patient-specific reports which allow a review of the patient's Schedule 2-5 controlled substance prescription records. This enables the practitioner to determine if patients are receiving controlled substances from other providers and to assist in the prevention of prescription drug abuse.

Prescription data collected by pharmacies and dispensing practitioners is stored into a secure central database within the Department of Licensing and Regulatory Affairs. Only individuals authorized by Section 333.7333a of the Michigan Public Health Code are allowed access to the information contained in the MAPS database, which includes health professionals, law enforcement agencies and insurance companies. Online registration to MAPS is required to submit prescription data electronically and to request patient controlled substance history reports.

According to Board of Pharmacy Administrative Rule 338.3162d, all pharmacies, dispensing practitioners and veterinarians who dispense controlled substances in Schedules 2-5 are required to electronically report this prescription data through MAPS Online on the 1st and 15th day of every month with some leeway allowed. Weekly and/or daily submissions of prescription data are also accepted. Beginning sometime in 2013 the electronic reporting of prescription data will be required on a daily basis.

The information below provides 2011 statistics on the total number of controlled substance prescriptions dispensed, as well as an important Physician Notification initiative that MAPS is currently involved in:

**MAPS Statistics:** Michigan Automated Prescription System (MAPS) data concludes that 19.4 million controlled substance prescriptions were dispensed in 2011, with a significant increase in oxycodone immediate release 30 mg and marked decreases in controlled release OxyContin strengths. There is a continued increase in hydrocodone accounting for 33 percent of all controlled substances dispensed.

**Physician Alerts:** MAPS provides letters to practitioners when MAPS information indicates their patient is seeking treatment from multiple practitioners and obtaining controlled substance prescriptions from those practitioners. This is an effective process for physicians to be notified of potential controlled substance abuse and/or diversion. If you receive one of these alerts, please review your records to confirm that this person is a patient of yours and request a MAPS report for this patient. If you find that any of the prescription records are inaccurate, contact the pharmacy immediately. If you have provided the identified patient with prescriptions for controlled substances, contact with the other prescribers listed on the report will determine the legitimacy of the prescriptions and address concerns of possible abuse. The goal of informing practitioners of possible doctor shopping activity is to assist practitioners with taking corrective action for the patient and to provide the patient with guidance for substance abuse and addiction treatment.

### **Red Flags/Indicators of Possible Diversion and Abuse of Controlled Substances:**

- Patient travels quite a distance from home to see physicians.
- History of problems with no medical records.
- Patient insists on certain drugs and/or requests by drug name.
- Lost or accidental discard of drugs.
- Patient fails to appear for medical tests.
- Patient requests refills early.
- Uses multiple pharmacies to fill prescriptions.

Additional information regarding MAPS can be obtained by going to the MAPS website at [www.michigan.gov/mimapsinfo](http://www.michigan.gov/mimapsinfo). You can also contact MAPS at (517) 373-1737 or by email at [mapsinfo@michigan.gov](mailto:mapsinfo@michigan.gov).

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## ■ **Michigan Automated Prescription System (MAPS) Insurance Companies Can Now Request Access**

Public Act 44 of 2012 was filed with the Secretary of State on March 7, 2012. This Act allows a “health care payment or benefit provider” access to information stored in the Michigan Automated Prescription System (MAPS) for the purposes of ensuring patient safety and investigating fraud and abuse. The Act does not allow insurance companies to have unlimited access to the data in MAPS. Rather, it authorizes the Bureau of Health Professions (BHP) to provide the data for specific individuals upon request and acceptable justification by the health care payment or benefit provider.

With the enactment of Public Act 44 of 2012, insurance companies will be required to follow the same procedures as law enforcement officials currently follow when submitting a request for a MAPS report. Currently, a written request must be submitted and pertinent information must be supplied including a brief summary of the facts and circumstances as to why the information is being requested and how it relates to controlled substance issues.

The Act requires BHP to provide this limited access beginning on March 7, 2012 and ending on December 31, 2016. The December 31, 2016 sunset date will allow BHP to ascertain if this access is working in the way the legislation originally intended.

To review Public Act 44 in its entirety, please go to the Michigan Legislature website at [www.legislature.mi.gov](http://www.legislature.mi.gov).

If you have any questions regarding MAPS, please go to the MAPS website at [www.michigan.gov/mimapsinfo](http://www.michigan.gov/mimapsinfo). You can also contact MAPS at (517) 373-1737 or by email at [mapsinfo@michigan.gov](mailto:mapsinfo@michigan.gov).

## ■ **Physician Training Webinar Recognized by Federation of State Medical Boards**

The Professional Practice Section in the Bureau of Health Professions (BHP) was recently honored for its physician training webinar by the Federation of State Medical Boards (FSMB).

The 3-part training webinar was launched in August 2010 and guides viewers through the process of licensure, license renewal and regulatory procedures as well as information and insight into the issues of professionalism. While the webinar is primarily geared to medical school students and medical residents, it can also be beneficial for established physicians and healthcare administrators.

To date, there have been approximately 1,095 visitors to the webinar. Based on a brief registration that is completed prior to viewing the webinar, a majority of these visitors are licensed physicians or medical students. The Professional Practice Section will continue to develop new ways of promoting visits to the webinar throughout the 2012 calendar year with a goal of reaching and sustaining 100 or more webinar visits per month.

If you are interested in viewing the webinar, please go to the BHP website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and click on the Licensing for Health Professionals on the left-hand side of the page. The Physician Training Webinar link is located in the News and Updates section.

## ■ **Nursing Training Webinar Is Now Available**

The Professional Practice Section in the Bureau of Health Professions (BHP) is pleased to announce a new Nursing Training Webinar is now available on the Bureau of Health Professions website. This webinar has been designed for nursing students as well as new and current nursing licensees and contains three modules that focus on licensing, regulation and professionalism. To view the Nursing Training Webinar, please go to the Bureau of Health Professions website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and click on Licensing for Health Professionals on the left-hand side of the page. The Nursing Training Webinar link is located in the News and Updates section.

# HealthLink

## ■ ***Reporting Requirements for Health Professional Licensees and Registrants***

Under the Public Health Code, there are specific reporting requirements mandated for health professional licensees and registrants:

- Section 333.16192(1) requires a licensee or registrant to report a change in name or mailing address not later than 30 days after the change occurs.
- Section 333.16222(1) requires a licensee or registrant having knowledge that another licensee or registrant has committed a violation under Section 16221 or Article 7 or a rule promulgated under Article 7 shall report the conduct and the name of the subject of the report to the department. Information obtained by the department under this subsection is confidential.
- Section 333.16222(3) requires a licensee or registrant to notify the department of a criminal conviction or a disciplinary licensing or registration action taken by another state against the licensee or registrant within 30 days after the date of the conviction or action. This includes but is not limited to a disciplinary action that is stayed pending appeal.

A link to the Public Health Code can be found on the Bureau of Health Professions website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense).

## ■ ***Investigations of Licensed/Registered Health Professionals What To Anticipate If an Investigator Contacts You***

During the course of your career as a licensed or registered health professional, it is possible that a complaint may be filed against you. As noted in the disciplinary process article on page 2, a complaint (allegation) can be received from a patient, a patient's family member, a hospital or health facility, another licensed or registered health professional, law enforcement, etc.

Once the allegation has been reviewed by Allegation Section staff in the Bureau of Health Professions (BHP) and a board member has determined that a possible violation of the Public Health Code has occurred, it will be transferred to the BHP Health Investigation Division for assignment to an investigator. The investigator will review the file, contact you and may also contact your coworkers, colleagues, supervisors, the complainant, etc. during the course of their investigation.

Once the investigation has been completed, the investigator will recommend: 1) the file be closed if their investigation fails to substantiate the allegation; 2) refer the case for expert review to determine if the conduct as alleged was below the minimal standards for the profession; or 3) recommend that the file be transferred for drafting of an administrative complaint (the BHP formal charging document).

Please remember the investigator does not determine guilt, innocence or possible sanctions against the licensee or registrant he/she has been assigned to investigate. Rather, the role of the investigator is to conduct a thorough investigation and prepare a comprehensive investigation report.

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## ■ ***Revised Administrative Rules for the Board of Counselors***

On March 29, 2012, the revised administrative rules for the Board of Counseling were filed with the Office of the Great Seal and took effect immediately. The revised rules:

- Update and clarify the definitions of terms used in the rules.
- Clarify licensure requirements.
- Establish that the supervision required for licensure as a professional counselor must be regularly scheduled.
- Adopt the Commission on Rehabilitation Counselor Certification examination.
- Update accreditation standards for counselor training programs.
- Establish requirements for licensure by endorsement.
- Establish requirements for relicensure.
- Prohibit a limited license from being renewed for more than 10 years.
- Require additional information on a professional disclosure statement. Specifically, a disclosure statement for a limited licensed professional counselor must: 1) state that a limited licensed professional counselor must practice under the supervision of a licensed professional counselor; and 2) identify the professional counselor who will be supervising the limited licensed counselor.
- Establish requirements that a licensed professional counselor must meet in order to provide counseling supervision.

The administrative rules for the Board of Counseling may be reviewed in their entirety by going to the Bureau of Health Professions website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and clicking on the Health Professions Administrative Rules link under the Resources section.

## ■ ***Revised Administrative Rules for the Board of Marriage and Family Therapy***

On September 13, 2012, the revised administrative rules for the Board of Marriage and Family Therapy were filed with the Office of the Great Seal and took effective immediately. The revised rules:

- Update the definition for “code” and “department.”
- Clarify the educational requirements for an educational limited license.
- Clarify the educational requirements for licensure as a marriage and family therapist and the passing score on the national examination is the score established by the Association of Marital and Family Therapy Regulatory Boards (AMFTRB).
- Allow applicants to take the national exam before they complete the 1,000 hours of supervised, direct client contact that is required for licensure.
- Clarify the converted score of 75 means the passing score established by the AMFTRB.
- Adopt the most recent accreditation standards for marriage and family training programs and the most recent accreditation standards for postsecondary institutions.
- Clarify the requirements for licensure by endorsement and the bureau’s current policy regarding verification of out-of-state licenses.
- Clarify the requirements for relicensure and the bureau’s current policy regarding verification of out-of-state licenses.

The administrative rules for the Board of Marriage and Family Therapy may be reviewed in their entirety by going to the Bureau of Health Professions website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense) and clicking on the Health Professions Administrative Rules link under the Resources section.

# HealthLink

## ■ ***Bills Recently Signed Into Law Regarding Pharmacy Practices and Telemedicine***

A pharmacy practices bill — House Bill 5131 — was signed into law by Gov. Snyder and was filed with the Secretary of State on June 27, 2012. The bill has been assigned Public Act 209 of 2012 and is effective immediately.

The Act amends the Public Health Code by modifying certain pharmacy practices and clarifying the duties of prescribers and agents. The bill also clarifies the definition of a prescription and the various ways that prescriptions are now transmitted to pharmacies, i.e., a hard copy delivered to the pharmacy by the patient or prescriptions that are faxed or electronically transmitted to the pharmacy by the prescriber.

This new law should provide better health care to seniors discharged from a hospital to a nursing facility by allowing physicians to include a patient's medication needs in their chart as part of the discharge process. This would ultimately ensure the nursing facility's pharmacy has the proper medication and dosage instructions on hand, ultimately reducing hospital readmissions.

The two telemedicine bills — House Bill 5408 and House Bill 5421 — were signed into law by Gov. Snyder and were filed with the Secretary of State on June 28, 2012. Both of these laws are effective immediately.

House Bill 5408 was assigned Public Act 214 and amends the Nonprofit Health Care Corporation Reform Act. House Bill 5421 was assigned Public Act 215 and amends the Insurance Code by requiring health insurance providers to recognize claims for health services delivered over the Internet or through the phone lines.

In signing these bills, Gov. Snyder stated "Telemedicine offers an incredible opportunity to easily provide health care to Michigan's elderly, disabled and rural communities."

Each of these laws can be accessed by going to the Michigan Legislature website at [www.legislature.mi.gov](http://www.legislature.mi.gov).

## ■ ***"Second Pair of Hands" Dentistry Bill Signed Into Law***

In accordance with Public Act 289 of 2012, Section 333.16626 was added to the Public Health Code to allow a dental assistant to act as a "second pair of hands" for a dentist or dental hygienist provided all of the following conditions are met:

1. The dentist or dental hygienist is actively performing services in the mouth of a patient at the time the dental assistant is assisting him/her.
2. If the dental assistant is assisting a dental hygienist, a supervising dentist has assigned the dental assistant to act as the dental hygienist's "second pair of hands."



The Public Health Code defines "second pair of hands" as acts, tasks, functions, and procedures performed by a dental assistant, registered dental assistant or registered dental hygienist at the direction of a dentist who is in the process of rendering dental services and treatment to a patient.

Public Act 289 of 2012 can be read in its entirety at the Michigan Legislature website at [www.legislature.mi.gov](http://www.legislature.mi.gov).

# HealthLink

## ■ ***Veterinarians Must Offer Written Prescriptions to Clients***

This will serve as a reminder to veterinarians that clients must be offered the option of receiving written prescriptions when medication has been prescribed for their pets. Clients may still continue to purchase the prescribed medication directly from the veterinary practice if they choose to do so.

This reminder is in accordance with the Board of Veterinary Medicine's Administrative Rule 338.4923(1) which states: "If a veterinarian recommends a specific medication for a patient, the veterinarian shall honor a client's request for a prescription in lieu of dispensing a prescription product." Veterinarians who do not provide this option to their clients could also be cited for violating the Public Health Code under Section 333.16221(a).



If you have any questions, please email the Bureau of Health Professions at [bhpinfo@michigan.gov](mailto:bhpinfo@michigan.gov) or call us at (517) 335-0918.

## ■ ***Nurse Practitioners/Nurse Midwives May Not Independently Prescribe Controlled Substances***

Under the Public Health Code nurse practitioners and nurse midwives do not have independent prescriptive authority. However, Board of Medicine Rule 338.2305 and Board of Osteopathic Medicine and Surgery Rule 338.108b do provide for the delegation of prescribing controlled substances listed in Schedules 3-5 provided the delegating physician has established a written authorization. The written authorization must contain the following information:

- The name, license number and signature of the delegating physician.
- The name, license number and signature of the nurse practitioner or nurse midwife.
- The limitations or exceptions to the delegation.
- The effective date of the delegation.

The delegating physician must review and update the written authorization on an annual basis and maintain a written authorization in each separate location of the physician's office where the delegation occurs.

Schedule 2 controlled substances may be prescribed by a nurse practitioner or nurse midwife under the delegation of a physician only if all of the following conditions are met:

- The delegating physician and nurse practitioner or nurse midwife are practicing within a health facility. A health facility is defined in the Public Health Code as a freestanding surgical outpatient facility, hospital or hospice.
- The patient is located within the freestanding surgical outpatient facility, hospital or hospice.
- A delegating physician may not delegate the prescription of Schedule 2 controlled substances issued for the discharge of a patient for a quantity for more than a 7-day period.
- The delegating physician may not delegate the prescription of a drug or device individually, in combination or in succession for a woman known to be pregnant with the intention of causing either a miscarriage or fetal death.

Prescriptions written for controlled substances by nurse practitioners and nurse midwives must include the name and DEA registration number of both the delegating physician and the nurse practitioner or nurse midwife.

Questions may be emailed to the Bureau of Health Professions at [bhpinfo@michigan.gov](mailto:bhpinfo@michigan.gov) or by calling (517) 335-0918.

# HealthLink

## ■ **Final Report on Occupational Licensing Issued by the Office of Regulatory Reinvention**

The Occupational Licensing Advisory Rules Committee (ARC) was created by the Office of Regulatory Reinvention (ORR) in accordance with Gov. Snyder's Executive Order 2011-5. The purpose of the ARC was to produce advisory recommendations to the ORR for changes to Michigan's existing occupational regulatory climate. On February 17, 2012, the ORR issued the final report regarding occupational licensing titled *Recommendations of the Office of Regulatory Reinvention Regarding Occupational Licensing*.

The following professions were recommended for deregulation:

- Acupuncturist
- Dietitian and Nutritionist
- Respiratory Therapist
- Sanitarian
- Speech-Language Pathologist

The following licensing boards were recommended for elimination:

- Board of Acupuncture
- Board of Dietetics and Nutrition
- Board of Occupational Therapy
- Board of Respiratory Care
- Board of Speech-Language Pathology



The following recommendations impact several existing professions and/or boards:

- **Counselors, Marriage and Family Therapists and Social Workers** — A stakeholder group of counselors, marriage and family therapists and social workers should be established to work with Department of Licensing and Regulatory Affairs (LARA) staff to review the relevant statutes regarding the need for existing exclusions, the definition of non-profits and the potential combination of these three occupational boards.
- **Medicine, Osteopathic Medicine and Podiatric Medicine** — The existing occupational boards for medicine, osteopathic medicine and podiatric medicine should be combined while maintaining separate licenses.
- **Nursing Home Administrators** — LARA staff and stakeholders should review the need to license and regulate the administrators of assisted living facilities, homes for the aged and other long term care facilities.
- **Occupational Therapists** — Occupational therapy licensure should be replaced with statutory requirements for national certification, including criminal penalties for practicing without certification.
- **Board of Pharmacy** — The Public Health Code should be amended to allow the Board of Pharmacy to approve pilot projects within the occupation.
- **Psychologists** — The regulation of psychologists should be examined by LARA staff and interested stakeholders to determine if existing exclusions should be maintained.
- **Speech-Language Pathologists** — An alternative to state regulation could be pursued by encouraging certification by the American Speech-Language-Hearing Association.

No changes can be implemented unless legislation is introduced and signed into law. Updates concerning these recommendations will be available in future issues of *HealthLink* and on the BHP website at [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense).

The *Recommendations of the Office of Regulatory Reinvention Regarding Occupational Licensing* report can be read in its entirety at [http://www.michigan.gov/documents/lara/ORR\\_Occupational\\_Licensing\\_Recommendations\\_382437\\_7.pdf](http://www.michigan.gov/documents/lara/ORR_Occupational_Licensing_Recommendations_382437_7.pdf). For more information regarding the ORR please go to [www.michigan.gov/orr](http://www.michigan.gov/orr).

# HealthLink

## ■ ***New Toll-Free Number to Report Child/Adult Abuse and Neglect to the Michigan Department of Human Services Call 24/7 Toll Free at 855-444-3911***



### ***You may be their only voice. Report abuse and neglect.***

Speak up about abuse and neglect. Call 855-444-3911 any time day or night. This new toll-free phone number allows you to report abuse or neglect of any child or adult to the Michigan Department of Human Services.

The following may be indicators that someone is being abused or neglected:

- **Children:** Sudden changes in behavior or school performance; medical conditions go untreated; lacks adult supervision; overly compliant, passive, or withdrawn behavior; does not want to go home; dehydration or malnutrition.
- **Adults:** Sudden changes in physical, behavioral or financial status of an elderly person or someone with a developmental disability; left in front of a TV all day; dehydration or malnutrition.

One call. One number. One person can make a difference. If you suspect abuse or neglect call 855-444-3911 now. If you work with children, review the [Mandated Reporters](#) information online for an overview of your legal obligation to report abuse and neglect.

### **REMINDER—Many Online Services Are At Your Fingertips!**

- **Main Website:** [www.michigan.gov/healthlicense](http://www.michigan.gov/healthlicense)
- **Application Status:** [www.michigan.gov/appstatus](http://www.michigan.gov/appstatus)
- **Online Change of Address:** [www.michigan.gov/elicense](http://www.michigan.gov/elicense)
- **Online Renewal:** [www.michigan.gov/elicense](http://www.michigan.gov/elicense)
- **Verify a License:** [www.michigan.gov/verifylicense](http://www.michigan.gov/verifylicense)
- **MAPS** [www.michigan.gov/mimapsinfo](http://www.michigan.gov/mimapsinfo)



For a complete listing of online services provided by the Bureau of Health Professions, please click here: [http://www.michigan.gov/documents/lara/lara\\_bhp\\_website\\_brochure\\_382049\\_7.pdf](http://www.michigan.gov/documents/lara/lara_bhp_website_brochure_382049_7.pdf)